

The Commonwealth of Massachusetts

Department of Public Safety
Board of Fire Prevention Regulations
527 CMR 12:00

OFFICE USE ONLY

Permit # _____
Fee Pd. _____
Check # _____

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with Mass. Electrical Code

(Please print in ink or type all information) DATE: _____

TOWN OF WESTFORD

TO THE INSPECTOR OF WIRES:

The undersigned applies for a permit to perform the electrical work described below:

Location(Street and Number) _____

Owner or Tenant _____

Owners Address _____

Is this permit in conjunction with a building permit? ☐ YES ☐ NO

Purpose of Building _____ Utility Authorization # _____

Existing Service _____ AMPS _____ VOLTS OVERHEAD _____ UNDRGRND _____ #Meters _____

New Service _____ AMPS _____ VOLTS OVERHEAD _____ UNDRGRND _____ #Meters _____

Number of Feeders and Ampacity _____

Please list all work to be done here: _____

INSURANCE COVERAGE: Pursuant to the requirements of Mass. General Laws, I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. Yes ☐ No ☐ I have submitted valid proof of same to this office. Yes ☐ No ☐ If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE: BOND ☐ OTHER ☐ Please Specify _____
(Expiration Date _____)

Estimated Value of Electrical Work \$ _____

Work to Start _____ Inspection Date Requested: Rough _____ Final _____

Signed under the penalties of perjury:

FIRM NAME _____ LIC.# _____

LICENSEE _____ SIGNATURE _____ LIC.# _____

ADDRESS _____ BUS.TEL# _____

_____ ALT. TEL# _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement.

(Signature of Owner) Tel.# _____